Learning Collaborative Virtual Meeting
February 23, 2026

Agenda

1. Welcome
2. Project Overview
   - Project Goals & Scope Updates
   - CLC Objectives & Timeline
3. Florida Commission for the Transportation Disadvantaged: Karen Somerset, Interim Executive Director
4. FSR Updates
5. UCF HealthARCH & FSR: Applying the PDSA Cycle
6. CLC Stroke Centers: PDSA Peer Learning Discussion
7. Next Steps & Upcoming Meetings
8. Q/A Discussion

Welcome

Community Partners

- Feeding Florida
- American Heart Association
- *Florida Commission for the Transportation Disadvantaged*
- Florida Community Health Worker Coalition
- Florida Hospital Association
- Florida Mobile Integrated Health Community Paramedicine

The Florida Coverdell Learning Collaborative

Project Overview and Scope

CLC Goals

1. Coalesce the **five Florida counties** identified with populations at greatest risk for a first and second stroke **(accomplished)**
   - ✓ Identified participating CLC stroke center partners – Thank you!

2. Incorporate **community and resource subject matter** experts that will facilitate awareness and access to statewide resources. **(accomplished)**
   - ✓ Introduced our community partners – Thank you!

3. Identify local barriers to **improving the quality of stroke care** that may be addressed across the continuum of care and generalized statewide. **(accomplished)**
   - ✓ For FY25-26, identified quality indicator, **Door-In-Door-Out (DIDO)**
   - ✓ Reviewed the findings from the FSR DIDO Assessment Survey
   - ✓ Identified & Reviewed DIDO baseline data from Q2 2025

CLC Goals

4. Define **best practices and/or initiatives** that include clinical and non-clinical resources to address identified barriers. **(accomplished)**

✓ Defined and reviewed DIDO evidence-based best practices

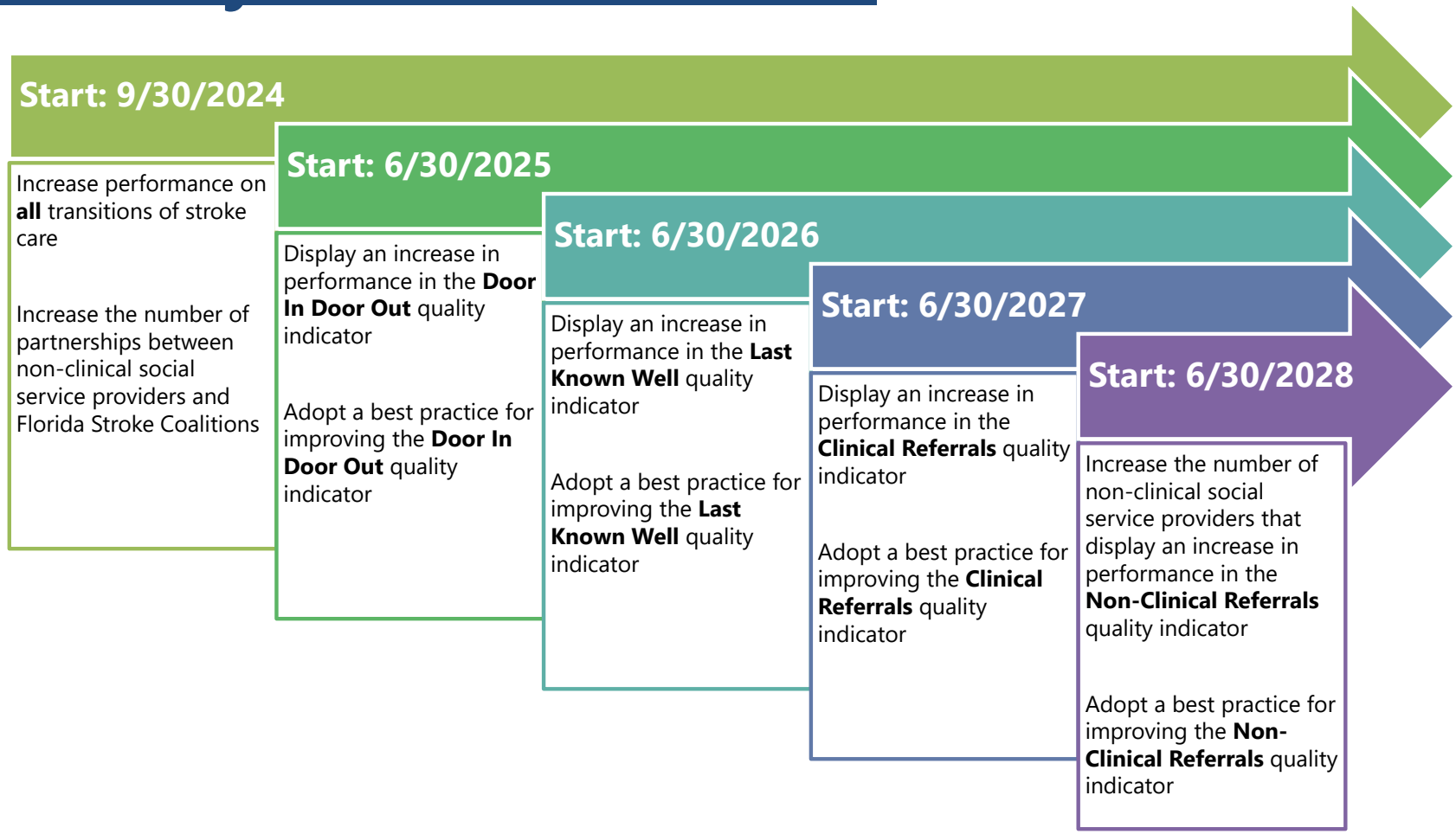
5. Disseminate and apply defined best practices and/or initiatives and utilize a formal PDSA model to **evaluate effectiveness**. **(in progress)**

✓ Reviewed and discussed the PDSA model for quality improvement

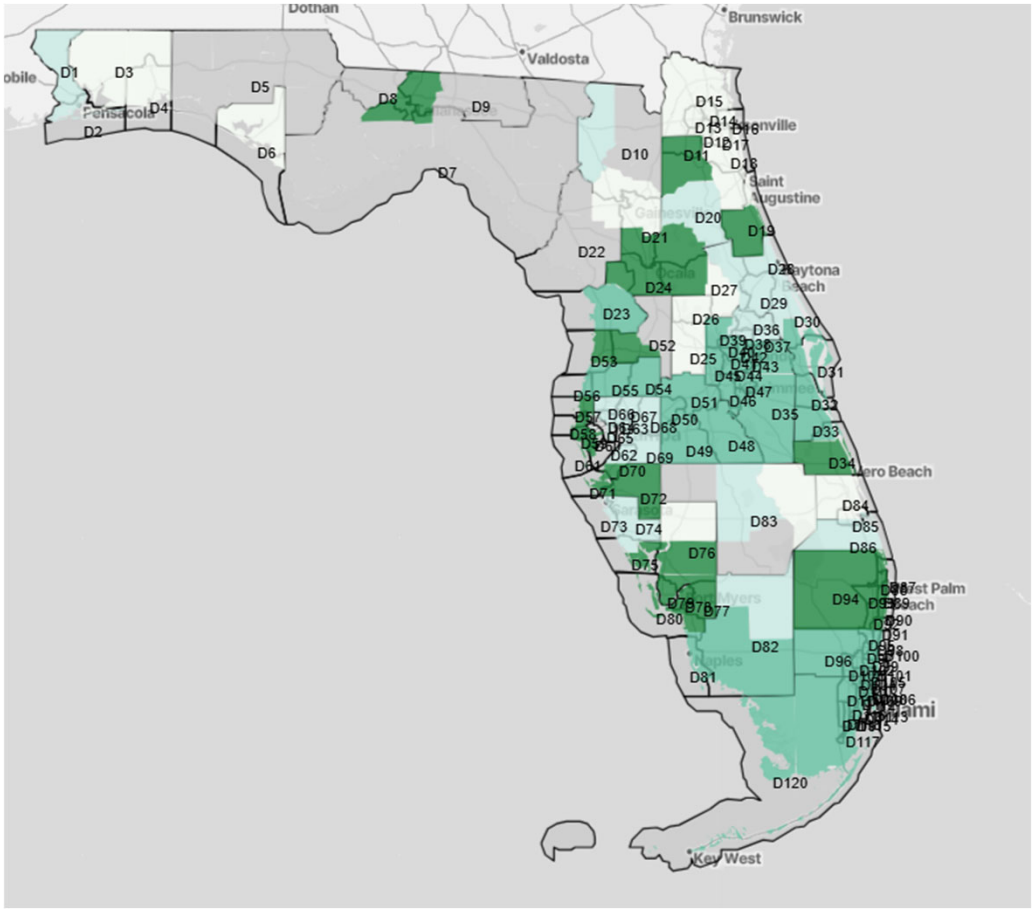
✓ Introduced the **PDSA Reporting Tool** for documentation

✓ Started to schedule/conduct individual Technical Assistance (TA) meetings to discuss PDSA cycle activities

CLC Objectives & Timeline



FSR Advocacy Map



Accessible through the [Florida Stroke Collaboration]

District Boundaries stratified by Florida Senate and House of Representatives

Will be included in the Coverdell Catalogue

Florida Commission for the Transportation Disadvantaged

Florida's Coordinated Transportation Disadvantaged Program

THE FLORIDA COVERDELL LEARNING COLLABORATIVE
VIRTUAL MEETING
FEBRUARY 23, 2026

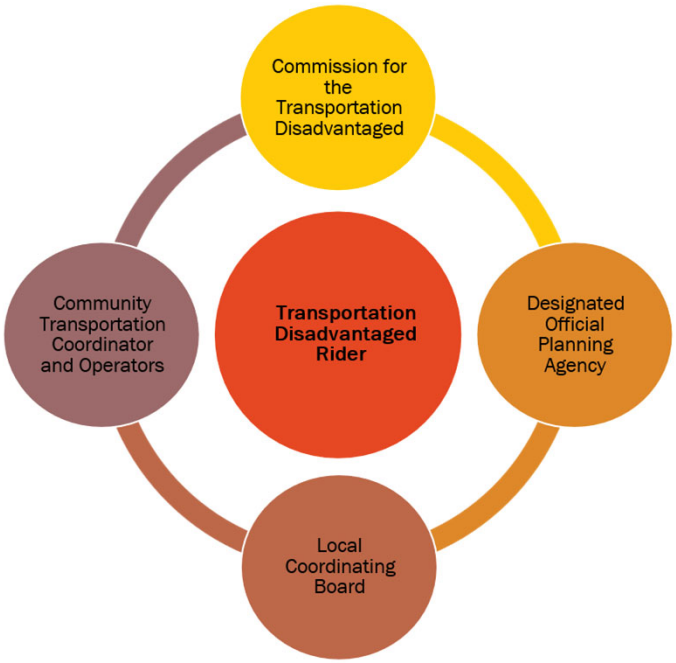
What is Florida's Coordinated Transportation Disadvantaged Program?

A state initiative to accomplish the coordination of transportation services provided to transportation disadvantaged citizens that is cost-effective, efficient and reduces fragmentation or duplication.

Transportation Disadvantaged citizens are individuals who are unable to transport themselves due to:

- Age
- Physical or Mental Disability
- Income Status
- At Risk Children

Florida Commission for the Transportation Disadvantaged



Coordinated Transportation Disadvantaged System Partnership

Commission for the Transportation Disadvantaged (CTD)

Oversees the Statewide program

Planning Agencies (MPOs/RPCs/BOCCs/Other planning related agencies)

Integrates coordination into transportation planning

Local Coordinating Boards (LCBs)

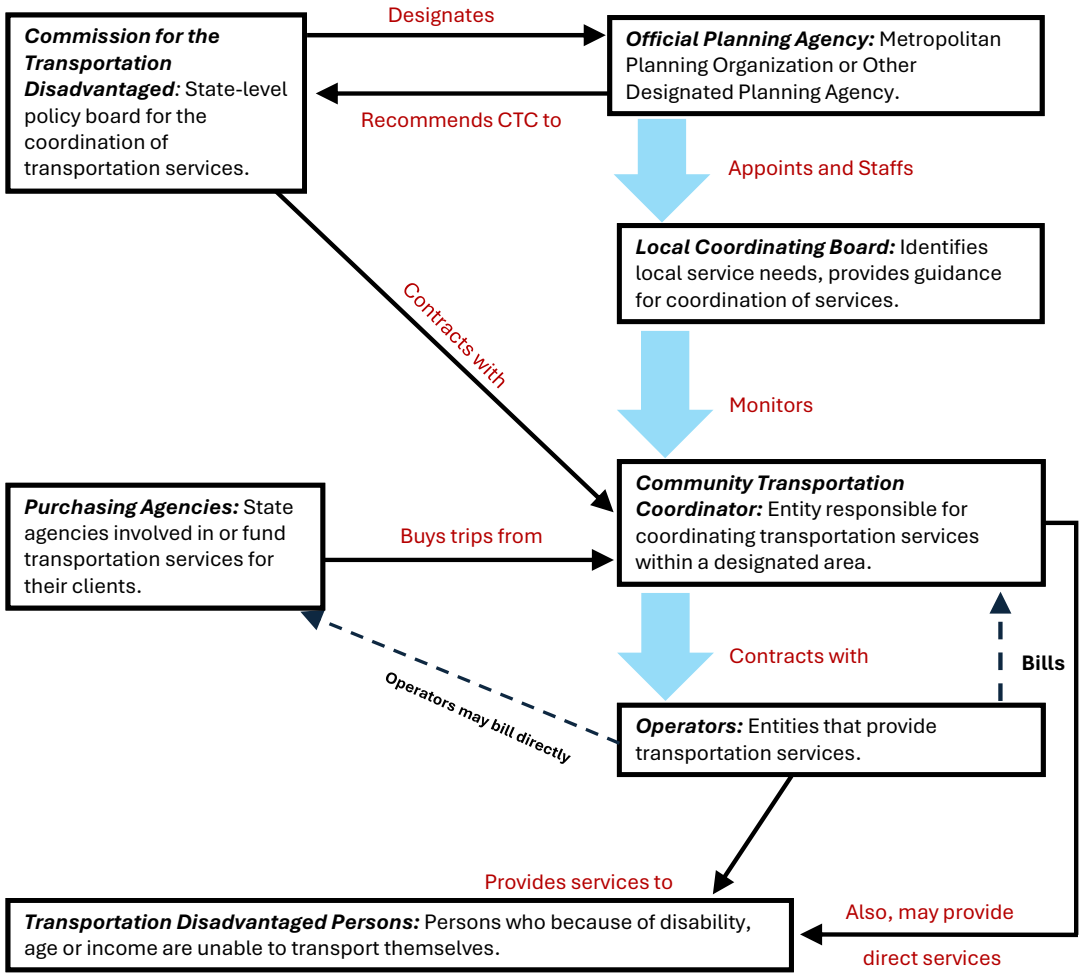
Guides county-level needs and priorities

Community Transportation Coordinators (CTCs)

Manages, operates and/or provides local transportation services

Florida Commission for the Transportation Disadvantaged

Coordinated Transportation Disadvantaged Program Framework



Florida Commission for the Transportation Disadvantaged

The Commission

Chapter 427, Florida Statutes - Part I – Transportation Services

Independent State Agency, assigned to FDOT for administrative and fiscal purposes

Eleven Governor-appointed Commissioners

Chapter 41-2, Florida Administrative Code – Commission for the Transportation Disadvantaged

Appoints Executive Director and oversees staff in Tallahassee.

Adopts policies and rules governing the Coordinated System.

Designates Community Transportation Coordinators (CTCs) and Planning Agencies serving all 67 counties.

Collects TD service operations data to be presented in Annual Report to the Governor and Legislature.

Serves as a clearinghouse of information on TD services.

Administers TD Trust Fund and grant programs that support TD Services.

Florida Commission for the Transportation Disadvantaged

Program Partners

Planning Agencies

Can be a:

- Metropolitan/Transportation Planning Organization
- Regional Planning Council
- Local Planning Organization

Responsibilities:

- Appoints Local Coordinating Board (LCB) members and provides staff support
- Procures and recommends CTC
- Works with CTC and LCB to:
  - Develop TD Service Plan
  - Implement local TD program
  - Review Annual Operating Report (AOR) submitted by CTC

Local Coordinating Boards

- Chaired by local elected official
- Represents local stakeholders
- Identifies local service needs and assists with:
  - Developing TD Service Plan
  - Establishing eligibility and trip prioritization guidelines
- Appoints grievance committee
- Evaluates the performance of the

Florida Commission for the Transportation Disadvantaged

Program Partners

Community Transportation Coordinators

Can be a:

- Transit Agency
- Local Government
- Private For-Profit or Non-Profit

Responsibilities:

- Delivers trips (directly, by contract, or both)
- Assists with:
  - Developing TD Service Plan
  - Submitting performance data (AOR) to CTD
  - Determining rider eligibility
  - Invoices agencies for trips “purchased”

Purchasing Agencies

- State or Local agencies that purchase trips or provides funding to support transportation operations.
- Assist communities in designing transportation systems that meet the needs of TD customers.
- Ensure their rules, procedures and guidelines are supportive of the TD population.

Florida Commission for the Transportation Disadvantaged

Transportation Disadvantaged Trust Fund
TD Non-Sponsored Transportation

Funding from Department of Highway Safety and Motor Vehicles and Florida Department of Transportation. ($1.50 vehicle license tag and fuel taxes).

Supports Commission's administrative costs.

Subsidizes a portion of the cost of an eligible TD person's trip when not sponsored by an agency.

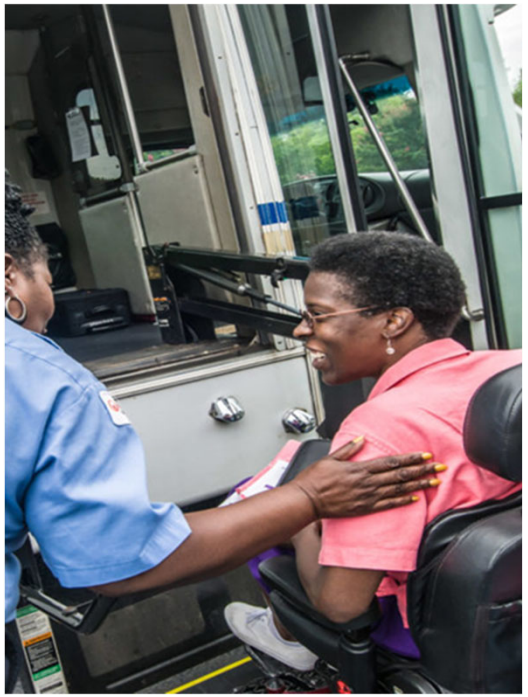
Formula-based funding is limited.

Funds distributed through grants with Community Transportation Coordinators.

Rider must complete an application to confirm eligibility.

Transportation is usually a shared-ride service provided by sedans, vans and buses.

More areas require advance reservation; some offer same day or next day services.



Florida Commission for the
CTD
Transportation Disadvantaged

TD Non-Sponsored Transportation Eligibility Criteria

Disability - Individual has a disability as defined by the Americans with Disabilities Act (ADA) that presents a barrier to transportation.

Age - The individual's age presents a barrier to transportation [the age limit is defined by the local TD system].

Income - The individual or household income presents a barrier to transportation [the income threshold is defined by the local TD system].

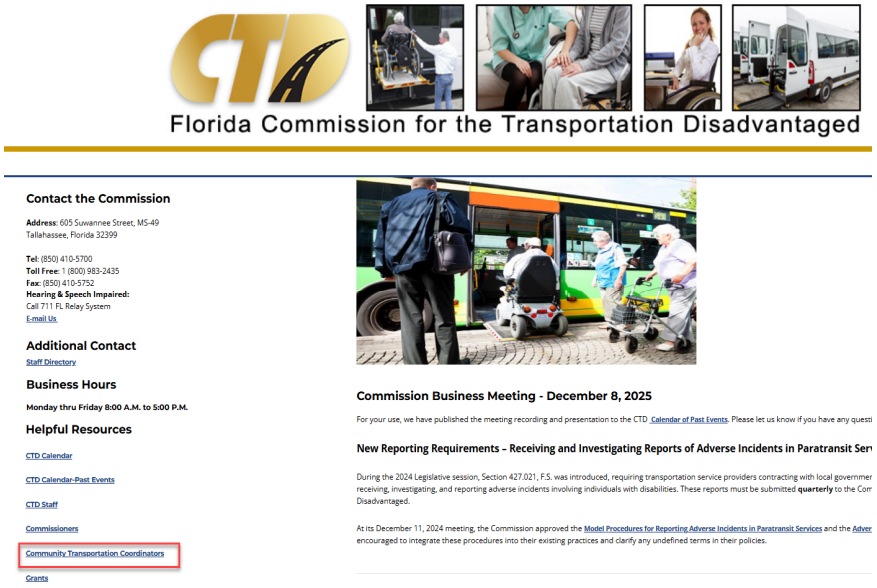
No Other Funding Available - Individual has no other purchasing agency "sponsoring" a trip to a certain activity.

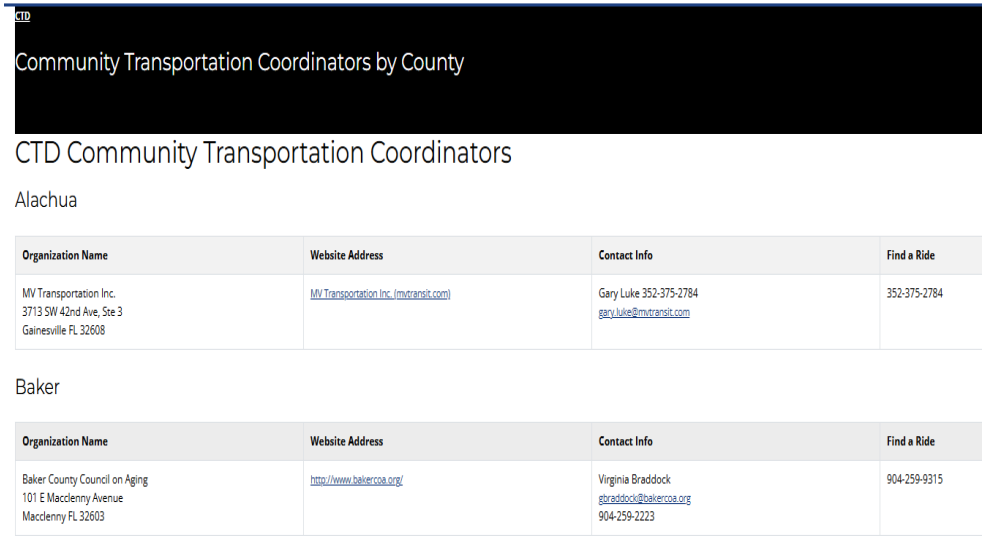
No Other Means of Transportation - Individual does not own a vehicle, have a family member, or others who can provide a trip to an activity.

Public Transit - Individual does not have access to a fixed bus route, or one is not available in their community, to access an activity.

Florida Commission for the Transportation Disadvantaged

How to Find The Community Transportation Coordinator for Each County





[Community Transportation Coordinators]

https://www.fdot.gov/ctd/ctcsbycounty

Florida Commission for the Transportation Disadvantaged

Florida Commission for the

Transportation Disadvantaged

For More Info...

Visit CTD website at:
https://www.fdot.gov/ctd/ctd-home

Or contact:
Karen Somerset
CTD Interim Executive Director

850-410-5701
Karen.Somerset@dot.state.fl.us

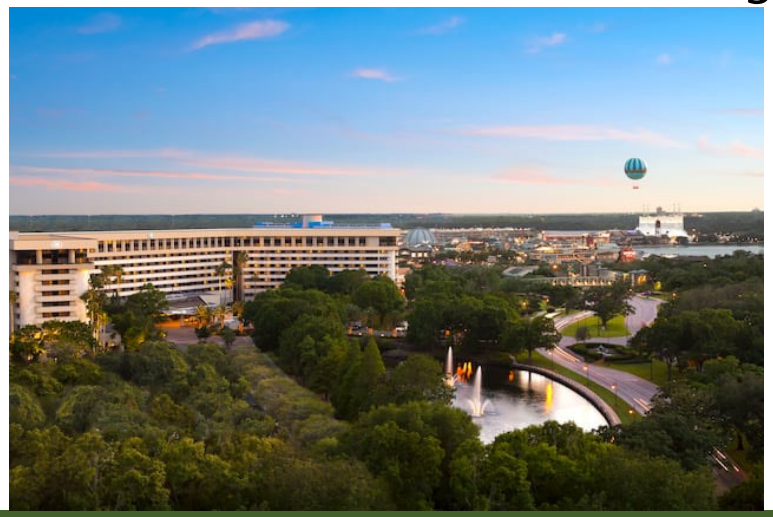
FSR Updates

FSR 14th Annual Meeting

Location: Hilton Orlando Lake Buena Vista Disney Springs
Dates: August 20-21, 2026

Agenda Highlights:

Learning Collaborative Session
Coalition of Coalitions Meeting



SCHEDULE OVERVIEW

NOTE: MINIMAL ADJUSTMENTS TO TIMES MAY OCCUR

DAY 1
THURSDAY, AUGUST 21ST

8:00AM - 1:00PM
ASLS In-Person Skills Session*
(Session Full)

Visit Exhibitors Between Sessions

10:00AM - 12:00PM
MDFR Health Emergency Life Protection (HELP) Training*

10:30AM - 11:30AM
APRN & Paramedic Stroke Education Course Focus Group*
(Focus Group Full)

11:30AM - 12:30PM
Stroke Coalition In-Person Meetings

11:00AM - 1:00PM
Lunch & Visit exhibitors

1:00PM - 1:45PM
Coalition of Coalitions Annual Meeting

1:45 PM - 2:30PM
Coverdell Learning Collaborative

15 min. Break & Visit Exhibitors

2:45PM - 3:30PM
Networking Session 1: Strategies to Improve Stroke Awareness

15 min. Break & Visit Exhibitors

3:45PM - 4:30PM
Networking Session 2: Transitions of Stroke Care

5:00PM - 7:30PM
FSR Opening Reception and Networking Poster Session

DAY 2
FRIDAY, AUGUST 22ND

7:00AM - 8:00AM
Breakfast & Meeting Registration

8:00AM - 9:20AM
Session 1: FSR and the State of Stroke in Florida

10 min. Break & Visit Exhibitors

9:30AM - 10:15AM
Keynote Address: Greg Albers, MD

15 min. Break & Visit Exhibitors

10:30AM - 11:45AM
Session 2: Driving a System of Stroke Care with FSR Evidence-Based Results

30 min. Break & Visit Exhibitors

12:15PM - 1:25PM
Session 3: Debates on EMS and Hospital Processes: Critical Coordinated Systems

10 min. Break & Visit Exhibitors

1:35PM - 2:50PM
Session 4: Improving Stroke Care By Tracking and Measuring
(Lunch served during this session)

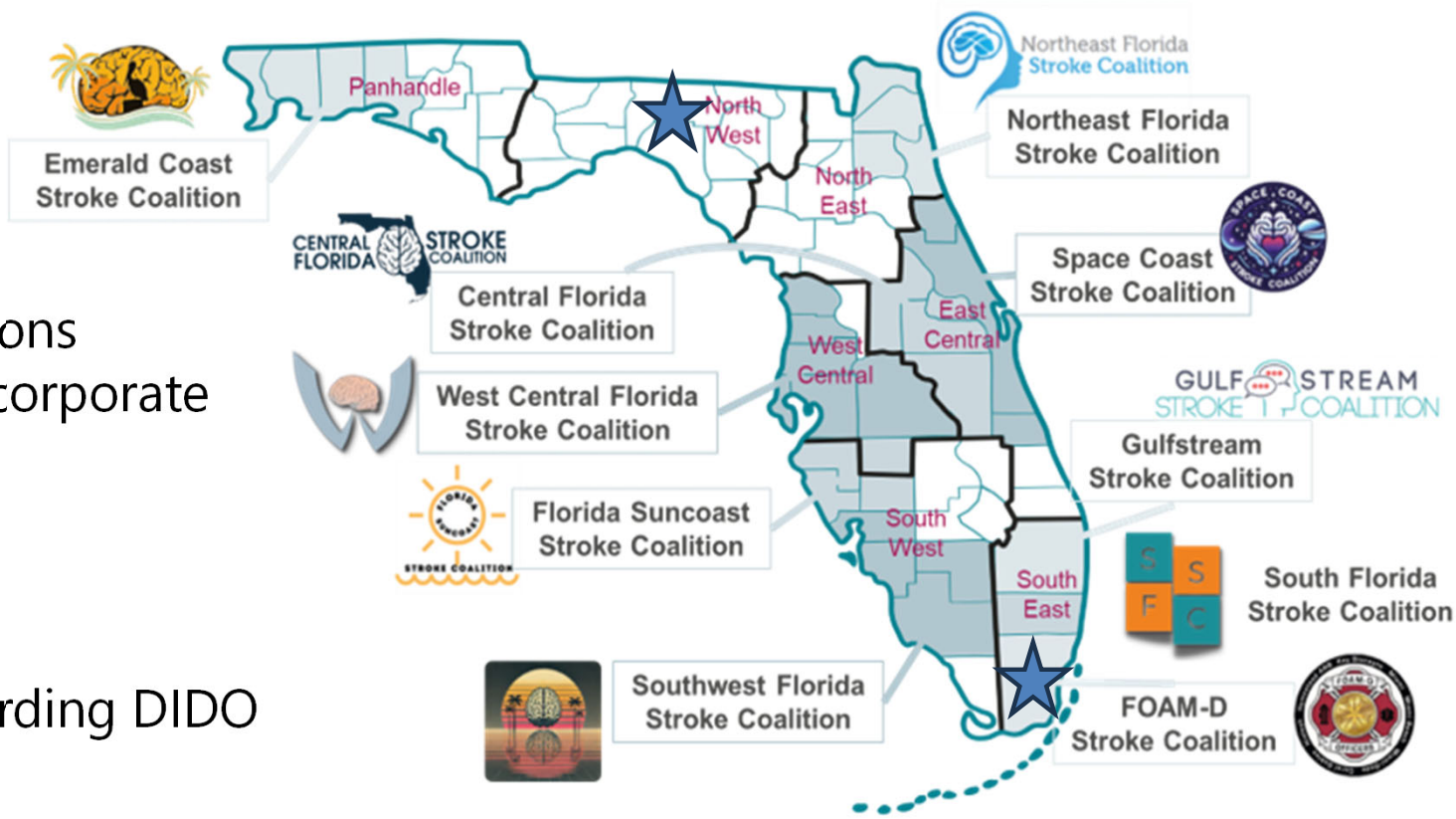
2:50PM - 3:00PM
Closing Statements

*LIMITED SEATING, RSVP WITH FLSTROKEREGISTRY@MIAMI.EDU

Ongoing FSR Initiatives

New Rural Stroke Coalitions
- New coalitions will incorporate findings from the CLC

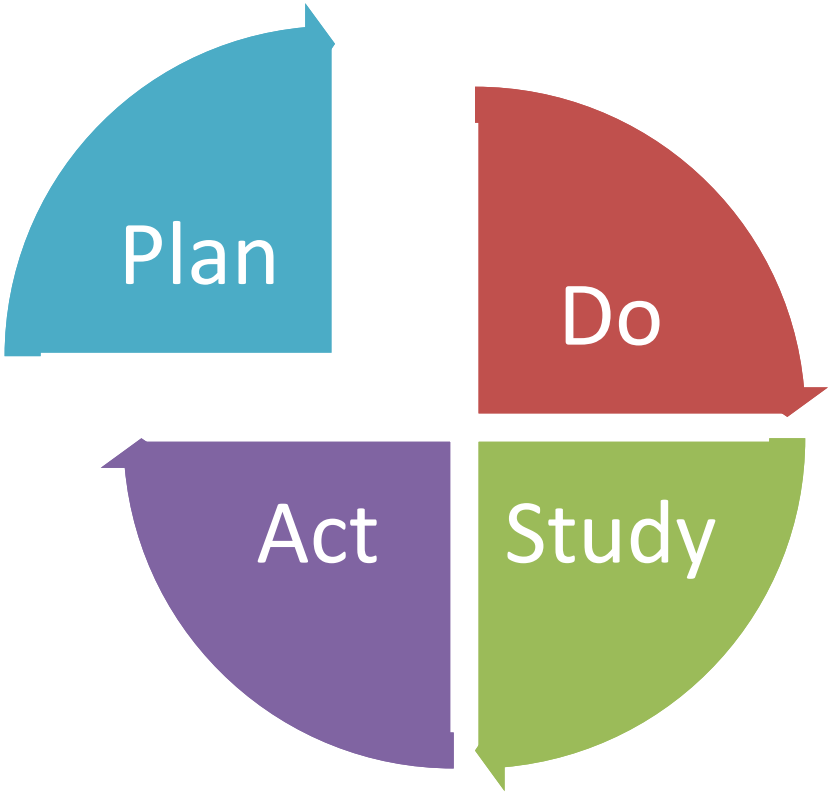
AHA improvements
- Data abstraction regarding DIDO measures



PDSA Cycle Application

What Centers Are Working On

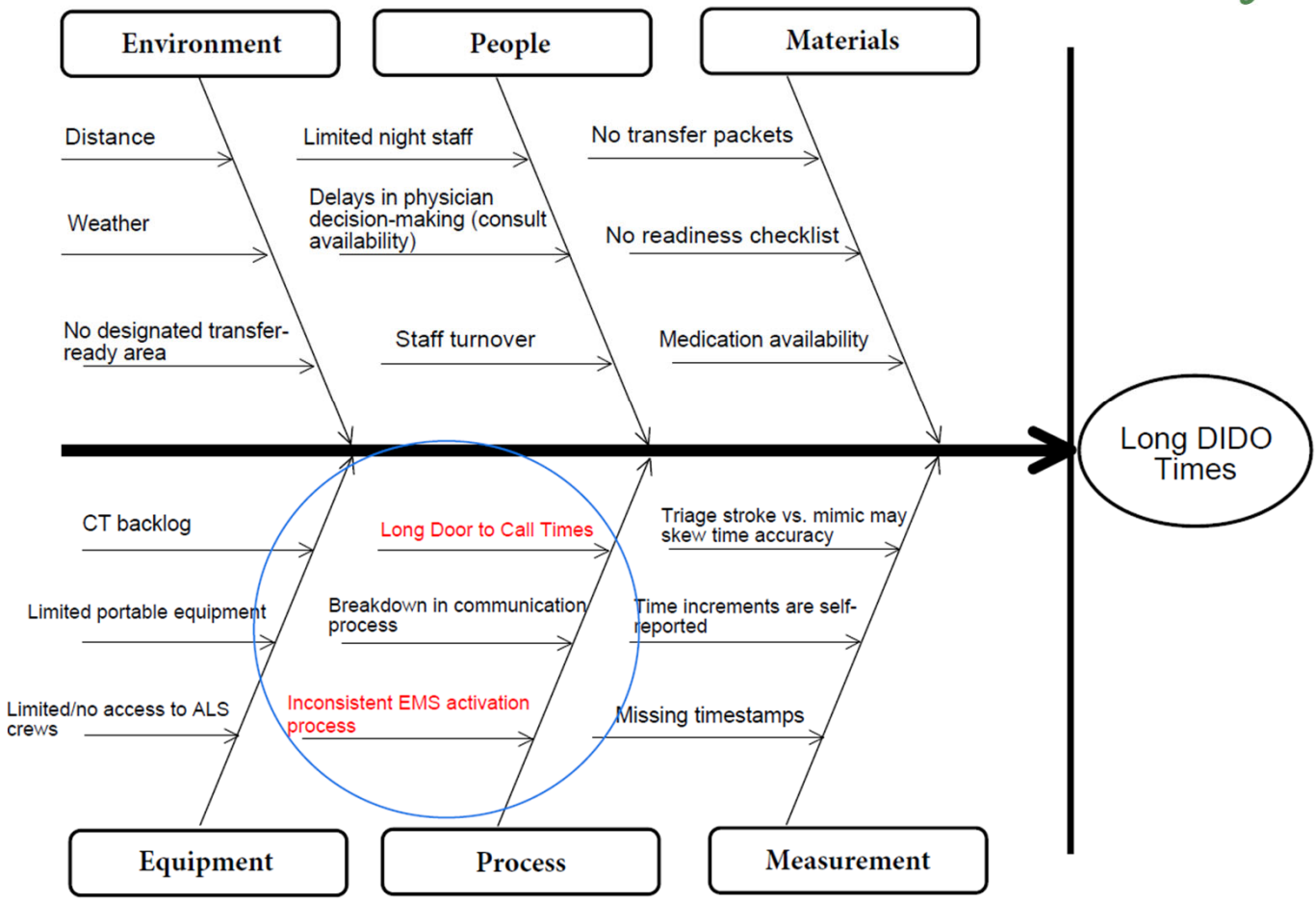
- **Identifying your key DIDO bottleneck** within the transfer workflow
- **Reviewing baseline data and observations** that highlight gaps or delays
- **Assembling your PDSA team** and defining roles in the improvement effort
- **Selecting the best practice or process change** you intend to test
- **Defining the improvement, you expect to see** in DIDO performance



Early Planning Progress

- What **workflow mapping** or prep work have you started?
- Have you conducted a **root cause analysis** (e.g., fishbone diagram)?
- What **tools or resources** do you plan to use (e.g., checklists, scripts, timers)?
- **Outlined anticipated challenges** (staffing, communication, imaging access, transfer coordination)
- **Defined immediate next steps** to launch the initial PDSA test

Root Cause Analysis: Example



Plan-Do-Study-Act (PDSA) Cycle

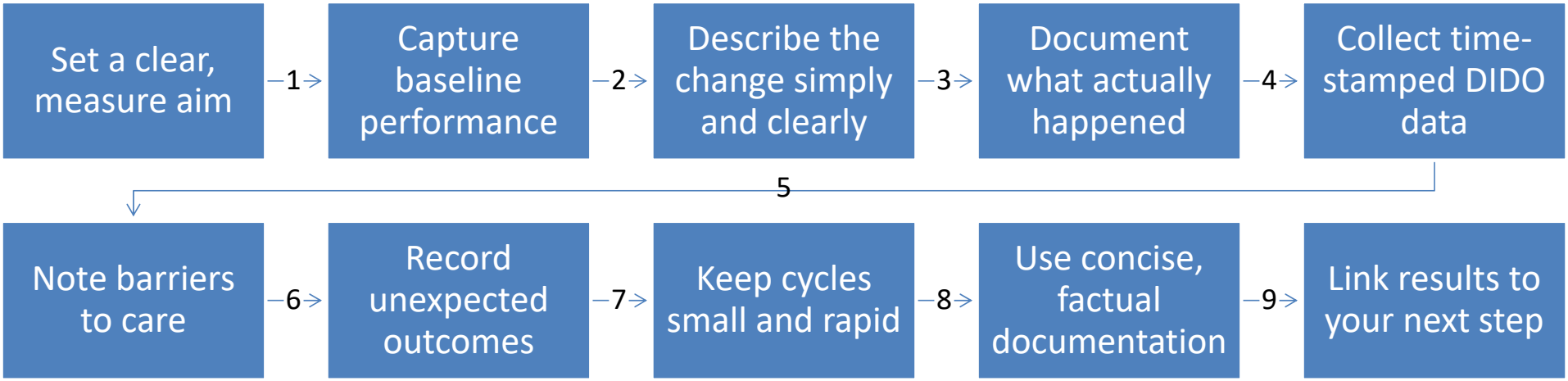
Do:

- Test the planned changed on a small scale
- Communicate expectations to all involved team members
- Document what happens during each trial
- Collect real-time data on key DIDO steps
- Note any barriers, delays, or unexpected issues

Remember: This isn't about perfection – it's about learning from the first cycle

Plan-Do-Study-Act (PDSA) Cycle

Tips and Considerations Checklist:



FDOH PDSA Reporting Tool

FDOH PDSA Reporting Tool

PDSA WORKSHEET FOR TESTING CHANGE

Stoke Center Name: _____ **Prepared By:**_____ **Date:**____

AIM: Overall goal you wish to achieve; make sure it is time-specific, measurable, and defines the specific population of patients that will be affected.

- Describe your first (or next) test of change
- Person responsible:
- When to be done:
- Where to be done:

PLAN:

- List the tasks needed to set up this test of change.
- Predict what will happen with the test is carried out.
- Measures to determine if prediction succeeds.

DO:
Describe what actually happened when you ran the test.

STUDY:
Describe the measured results and how they compared to the predictions.

ACT:
Describe what modification to the plan will be made for the next cycle from what you learned.

Plan-Do-Study-Act

Worksheet (Date:____)

Plan – What exactly are we going to do? (Add rows to table below as needed.)

Describe test of change	Person responsible	When to be done	Where to be done	Other notes

Documentation Standardization & Early Observations

- Ensure completion of “Stroke Quality Improvement Initiative Project Plan” section (page 2)
- Managing multiple best practices
  - Focus on one best practice
- Timing of PDSA Cycle
  - Establish a clear end date or stopping condition (e.g., testing on 2 patients)

PDSA WORKSHEET FOR TESTING CHANGE

Stoke Center Name: [redacted] **Prepared By** [redacted] **Date:**_____

AIM: Overall goal you wish to achieve; make sure it is time-specific, measurable, and defines the specific population of patients that will be affected.

Decrease the Median Door In Door Out times for Hemorrhagic Stroke (STK-OP-1b) and Ischemic Stroke LVO MER Eligible (STK-OP-1d and STK-OP-1g) transfers to <120 min. and Increase the percent of Door In Door Out for Acute Therapy <90 min.(AHASTR27) to 50% by then end of 2026.

- Describe your first (or next) test of change: Create a Stroke Transfer Protocol
- Person responsible: [redacted] (with ED input)
- When to be done: 2/2/26
- Where to be done: n/a

Example

PLAN:

- List the tasks needed to set up this test of change.
  - ED charge nurse shift report to include stroke DIDO time
  - Shift report reviewed by ED leadership
  - Report in Leader Huddle DIDO times
  - Audit for metrics by Stroke Coordinator
- Predict what will happen with the test is carried out.
  - Decrease in time to request EMS
  - Decrease in time to arrange transfer
  - Decrease in Door in Door Out times
- Measures to determine if prediction succeeds.
  - STK-OP-1b Median time/% <120
  - STK-OP-1d Median time/% <120
  - STK-OP-1g Median time/% <120

Plan – What exactly are we going to do? (Add rows to table below as needed.)

Describe test of change	Person responsible	When to be done	Where to be done	Other notes
Early Activation of EMS for potential transfer (documentation of EMS Activation in EHR)	ED Leadership	Starting Feb 1 2026	Emergency Department	Times will also be collected by EMS
Timely initiation of transfer to CSC (Documentation of transfer in EHR)	ED Medical Director	Starting Feb 1 2026	Emergency Department	Times will also be collected from the EMTALA form
Compliance of Charge Nurse Shift Report to include DIDO and noted delays	ED Leadership	Starting Feb 1 2026	Emergency Department	Will be reported to Hospital Leadership daily- delays discussed in huddle

CLC Stroke Centers

PDSA Peer Learning Discussion

Emerald Coast Stroke Coalition (ECSC)

NORTH OKALOOSA MEDICAL CENTER

- **What We Focused On:**
  - Our selected DIDO test is to create/implement a Stroke Transfer Protocol for the ED
  - We chose it to outline the Roles & Responsibilities of those in the transfer process, the procedure expected for stroke transfers and set goals.

1. **ED provider**
   a. Initiating transfer within 15 min. of CT/CTA read

2. **HUC**
   a. Setting up transfer (documentation)
      i. CSC (Auto-accept)
      ii. EMS (10 min. of CSC acceptance)
3. **ED Charge Nurse** (Oversight & Debrief)
4. **Primary/Stroke Nurse**
5. **EMS** (request-arrival 30 min.)
6. **Stroke Coordinator** (perform audit/monitor/report)

Laura Messer, RN
Stroke & Chest Pain Center
Certification Coordinator

Emerald Coast Stroke Coalition (ECSC)

NORTH OKALOOSA MEDICAL CENTER

- **Stroke Alert-Transfer Steps & Goals**

Door to Stroke Activation	10 min.
Door to CT Order	10 min.
Door to Neurology Activation	10 min.
Door to TNK kit pulled	10 min.
Door to CT complete	15 min.
Door to CT result (reported)	20 min.
Door to Tele Neuro Onscreen Assessment	25 min.
Door to TNK Decision	30 min.
Door to TNK	45 min.
Door to Transfer Requested	60 min.
Door to EMS Request	70 min.
Door to EMS Arrival	100 min.
Door In Door Out	120 min.

Emerald Coast Stroke Coalition (ECSC)

NORTH OKALOOSA MEDICAL CENTER

- **What We've Done So Far:**
  - Baseline data reviewed
  - Educating staff on protocol and expectations
  - Team members involved:
    - ED charge nurse shift report to include stroke DIDO time
    - Shift report reviewed by ED leadership
    - ED report in Leader Huddle DIDO times
    - Audit for metrics by Stroke Coordinator

- **Our Planned Change Idea:**
  - Best practice we plan to test is:
    - Define team Roles and Responsibilities
    - Real-time feedback/Auditing
  - Our prediction
    - Increased awareness of Stroke DIDO times, and steps to decrease times

STK-OP-1b Median time/% <120 Hemorrhagic	Median Time Q1 175 min. Q2 187 min. Q3 172 min. %< 120 min. Q1 0% Q2 0% Q3 20%
STK-OP-1d Median time/% <120 No TNK & LVO & MER	Median Time Q1 153 min. Q2 138 min. Q3 199 min. %< 120 min. Q1 16.7% Q2 0% Q3 20%
STK-OP-1g Median time/% <120 TNK & LVO& MER	Median Time Q1 n/a Q2 41 min. Q3 n/a %< 120 min. Q1 n/a Q2 100% Q3 n/a

Emerald Coast Stroke Coalition (ECSC)

NORTH OKALOOSA MEDICAL CENTER

- **Early Learnings:**
  - Staff unaware of DIDO metric
  - Delay to activate EMS until "acceptance"
  - Poor EMS communication of "Stroke Alert" transfer

Door to Transfer Requested (GOAL 60 min.)	CT/CTA Result to Transfer Request (GOAL 15 min.)	Transfer Request to Transfer Accept (GOAL 10 min.)	Door to EMS Request (GOAL 70 min.)	EMS Request to Arrival (GOAL 30 min.)	Door In to Door Out Transfer (GOAL 120 min.)
NA	0:22:00	0:15:00	NA	0:36:00	5:41:00
2:07:00	0:48:00	0:13:00	2:47:00	0:45:00	4:01:00
0:58:00	0:01:00	0:12:00	1:15:00	0:35:00	2:25:00
0:23:00	0:01:00	0:04:00	0:38:00	0:14:00	1:17:00

- **Anticipated Barriers/Support Needed:**
  - Communication of transfer need
  - Documentation of transfer, steps, and times

South Florida Stroke Coalition (SFSC)

Memorial Hospital Miramar

- **What We Focused On:**
  - Early placement of advanced imaging orders
  - Reducing multiple phone calls
  - Data analysis showed these processes were not standardized

- **What We've Done So Far:**
  - Divided DIDO process into 2 parts for data analysis and set goal for each
    - Arrival to decision: Goal ≤ 60 mins
    - Decision to departure: Goal ≤ 60 mins
  - Reviewed and analyzed data to look for process improvement opportunities
  - Held meeting with ED Leadership team to agree on action plan

- **Our Planned Change Idea:**
  - Perform CTA Brain immediately after CT Brain scan
  - Eliminate non-value-added phone calls
  - Predict a 10% reduction in overall time

Maria Guillen, BSN, RN, SCRN
Stroke Program Coordinator

South Florida Stroke Coalition (SFSC)

Memorial Hospital Miramar

- **Early Learnings:**
  - Inconsistencies in the transfer process
  - We do not have an alert system to expedite testing once a patient is identified for transfer
  - For hemorrhagic stroke patients, blood pressure management and/or anticoagulant reversal is usually not started until secondary orders are received from Neurosurgery or Neurointervention

- **Anticipated Barriers/Support Needed:**
  - No EMS pre-notifications
  - Patients present with vague symptoms in triage. Many findings are incidental
  - Equipment limitation (2 CT scanners used for ED and outpatient)
  - Only patients requiring immediate intervention will be transferred via 911 (median arrival time = 11 mins). All other patients will be transferred ALS (median arrival time = 89 mins)
  - MRI Brain requests from receiving facility prolongs transfer time
  - Not enough data points will be generated to see if proposed change makes a difference

Maria Guillen, BSN, RN, SCRN
Stroke Program Coordinator

PDSA Actions & Insights From Other Peers:

Best Practices Selected:

- Auto-proceed to CTA after CT for patient with disabling deficits (no secondary order needed)
- Establish pre-approved protocols for automatic transfers
- Create a standardized stroke transfer protocol/checklist
- Add a “Ready to Go” timestamp in nursing stroke documentation
- Implement an “all in the hall” pit-stop process at the charge desk after rapid CAB assessment
- Strengthen EMS prenotification
- Standardize communication workflow and clearly define roles

Early Learnings & Barriers Identified:

- Excessive back-and-forth communication delays decision-making
- Eliminate non-value-added phone calls
- Limited CT scanner availability
- Variability in transfer method (911 vs ALS)
- Need for real-time data abstraction
- Charting/documentation system limitations

FLORIDA COVERDELL LEARNING COLLABORATIVE

Next Steps & Upcoming Meetings

Next Steps

- Continue to fill out the PDSA Reporting Tool
  - Complete the "Plan" Phase
  - *Implement an action plan for improvement (DO)*
- HealthARCH Technical Assistance (with clinical support from UM FSR, as needed)
  - HealthARCH Contact: Jessica Schappacher, Jessica.Schappacher@ucf.edu
- Present efforts at respective local stroke coalition quarterly meetings
- CLC Meeting Materials: UM FSR Website

Upcoming Meetings

- Quarterly CLC Virtual Meeting: Monday, May 18, 2026, at 2:00 p.m. (EST)
- FSR 14th Annual Stakeholder Meeting in Orlando, FL – August 20-21st

Q/A
Discussion